

FORM HIS-1(S) (1980) (3-28-80) U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE U.S. HEALTH INTERVIEW SURVEY SMOKING SUPPLEMENT	NOTICE — All information which would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purposes.			1. Book _____ of _____ Books		
	2. R.O. number 3, 4	3. Sample 5-7	4. Control number PSU 8-10 Segment 11-14 Serial 15, 16			
	5. Interviewer's name			Code 17, 18	6. Telephone (Q 15) 19 1 Y 2 N	
	INTERVIEWER — For this supplement, interview sample persons ONLY. However, if SP is unable to respond because of health, accept household respondent as proxy. Footnote reason and column number of respondent.				Code Blank 20-23	

FOOTNOTES

S1. For each sample person enter name, person number, age, and sex from HIS-1.	24, 25				24, 25				24, 25				
	First name		Person No.		First name		Person No.		First name		Person No.		
	Last name				Last name				Last name				
	Age	26, 27	Sex	28	Coders use	29	Age	26, 27	Sex	28	Coders use	29	
			1 M 2 F						1 M 2 F				
S2	S2	1 <input type="checkbox"/> Under 17 (NP) 30				1 <input type="checkbox"/> Under 17 (NP) 30				1 <input type="checkbox"/> Under 17 (NP) 30			
		2 <input type="checkbox"/> 17+ callback req. (NP)				2 <input type="checkbox"/> 17+ callback req. (NP)				2 <input type="checkbox"/> 17+ callback req. (NP)			
		3 <input type="checkbox"/> 17+ available				3 <input type="checkbox"/> 17+ available				3 <input type="checkbox"/> 17+ available			
1. Have you smoked at least 100 cigarettes in your entire life?	1.	1 Y 2 N (NP) 31				1 Y 2 N (NP) 31				1 Y 2 N (NP) 31			
2a. About how old were you when you first started smoking cigarettes fairly regularly?	2a.	____ Years (3) 32, 33				____ Years (3) 32, 33				____ Years (3) 32, 33			
		oo <input type="checkbox"/> Never smoked regularly				oo <input type="checkbox"/> Never smoked regularly				oo <input type="checkbox"/> Never smoked regularly			
b. Do you smoke cigarettes now?	b.	1 Y 2 N (NP) 34				1 Y 2 N (NP) 34				1 Y 2 N (NP) 34			
c. On the average, about how many cigarettes a day do you smoke?	c.	____ Number (NP) 35, 36				____ Number (NP) 35, 36				____ Number (NP) 35, 36			
3. During the period when you were smoking the most, about how many cigarettes a day did you usually smoke?	3.	____ Number 37, 38				____ Number 37, 38				____ Number 37, 38			
4a. Do you smoke cigarettes now?	4a.	1 Y (5) 2 N 39				1 Y (5) 2 N 39				1 Y (5) 2 N 39			
b. About how long has it been since you last smoked cigarettes fairly regularly?	b.	2 <input type="checkbox"/> Days } 40-42				2 <input type="checkbox"/> Days } 40-42				2 <input type="checkbox"/> Days } 40-42			
		3 <input type="checkbox"/> Weeks } S3				3 <input type="checkbox"/> Weeks } S3				3 <input type="checkbox"/> Weeks } S3			
		Number 4 <input type="checkbox"/> Months } S3				Number 4 <input type="checkbox"/> Months } S3				Number 4 <input type="checkbox"/> Months } S3			
		5 <input type="checkbox"/> Years } S3				5 <input type="checkbox"/> Years } S3				5 <input type="checkbox"/> Years } S3			
5. On the average, about how many cigarettes a day do you now smoke?	5.	____ Number 43, 44				____ Number 43, 44				____ Number 43, 44			
S3	S3	1 <input type="checkbox"/> "Y" in 4a (6)				1 <input type="checkbox"/> "Y" in 4a (6)				1 <input type="checkbox"/> "Y" in 4a (6)			
		2 <input type="checkbox"/> Less than 1 year in 4b (6)				2 <input type="checkbox"/> Less than 1 year in 4b (6)				2 <input type="checkbox"/> Less than 1 year in 4b (6)			
		3 <input type="checkbox"/> 1+ years in 4b (NP)				3 <input type="checkbox"/> 1+ years in 4b (NP)				3 <input type="checkbox"/> 1+ years in 4b (NP)			
6a. What brand of cigarettes do (did) you usually smoke?	6a.	Brand name(s) 45				Brand name(s) 45				Brand name(s) 45			
		____				____				____			
If more than one brand ask:		Brand name 46-48				Brand name 46-48				Brand name 46-48			
b. Which brand do (did) you smoke the most?	b.	____				____				____			
7. What type of cigarettes are the (brand) that you smoke (smoked)? Are they:		49				49				49			
a. Filter tip OR Non-filter tip?	7a.	1 <input type="checkbox"/> FT 2 <input type="checkbox"/> NFT				1 <input type="checkbox"/> FT 2 <input type="checkbox"/> NFT				1 <input type="checkbox"/> FT 2 <input type="checkbox"/> NFT			
b. Plain OR Menthol?	b.	1 <input type="checkbox"/> P 2 <input type="checkbox"/> M 50				1 <input type="checkbox"/> P 2 <input type="checkbox"/> M 50				1 <input type="checkbox"/> P 2 <input type="checkbox"/> M 50			
c. Hardpack OR Softpack?	c.	1 <input type="checkbox"/> HP 2 <input type="checkbox"/> SP 51				1 <input type="checkbox"/> HP 2 <input type="checkbox"/> SP 51				1 <input type="checkbox"/> HP 2 <input type="checkbox"/> SP 51			

d. Regular OR King size OR 100 Millimeter?	d. 1 <input type="checkbox"/> R 2 <input type="checkbox"/> K 3 <input type="checkbox"/> 100 52	d. 1 <input type="checkbox"/> R 2 <input type="checkbox"/> K 3 <input type="checkbox"/> 100 52	d. 1 <input type="checkbox"/> R 2 <input type="checkbox"/> K 3 <input type="checkbox"/> 100 52
S4	S4 1 <input type="checkbox"/> "N" in 4a (NP) 53 2 <input type="checkbox"/> "Y" in 4a	S4 1 <input type="checkbox"/> "N" in 4a (NP) 53 2 <input type="checkbox"/> "Y" in 4a	S4 1 <input type="checkbox"/> "N" in 4a (NP) 53 2 <input type="checkbox"/> "Y" in 4a
8a. Have you ever made a serious attempt to stop smoking cigarettes?	8a. 1 Y 2 N (NP) 54	8a. 1 Y 2 N (NP) 54	8a. 1 Y 2 N (NP) 54
b. About how many times would you say you made a fairly serious attempt to stop smoking cigarettes entirely?	b. 0 <input type="checkbox"/> Never (NP) 55 1 2 3 4 5+	b. 0 <input type="checkbox"/> Never (NP) 55 1 2 3 4 5+	b. 0 <input type="checkbox"/> Never (NP) 55 1 2 3 4 5+
c. During the past 12 months, that is since (date) a year ago, about how many times would you say you made a fairly serious attempt to stop smoking cigarettes entirely?	c. 0 1 2 3 4 5+ 56	c. 0 1 2 3 4 5+ 56	c. 0 1 2 3 4 5+ 56
9. How long ago was the START of the LAST time you tried to stop entirely?	9. 2 <input type="checkbox"/> Days 57-59 3 <input type="checkbox"/> Weeks Number 4 <input type="checkbox"/> Months 5 <input type="checkbox"/> Years	9. 2 <input type="checkbox"/> Days 57-59 3 <input type="checkbox"/> Weeks Number 4 <input type="checkbox"/> Months 5 <input type="checkbox"/> Years	9. 2 <input type="checkbox"/> Days 57-59 3 <input type="checkbox"/> Weeks Number 4 <input type="checkbox"/> Months 5 <input type="checkbox"/> Years
10. How long did you actually stay off cigarettes the last time?	10. 2 <input type="checkbox"/> Days 60-62 3 <input type="checkbox"/> Weeks Number 4 <input type="checkbox"/> Months 5 <input type="checkbox"/> Years 000 <input type="checkbox"/> Did not stay off	10. 2 <input type="checkbox"/> Days 60-62 3 <input type="checkbox"/> Weeks Number 4 <input type="checkbox"/> Months 5 <input type="checkbox"/> Years 000 <input type="checkbox"/> Did not stay off	10. 2 <input type="checkbox"/> Days 60-62 3 <input type="checkbox"/> Weeks Number 4 <input type="checkbox"/> Months 5 <input type="checkbox"/> Years 000 <input type="checkbox"/> Did not stay off
S5. Transcribe for each sample person 17+ after leaving household.	S5 00 <input type="checkbox"/> None 63, 64	S5 00 <input type="checkbox"/> None 63, 64	S5 00 <input type="checkbox"/> None 63, 64
1a. Highest grade attended in school (Q 2a, p. 48)	1a. Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+	1a. Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+	1a. Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+
b. Finished grade (Q 2b, p. 48)	b. 1 Y 2 N 65	b. 1 Y 2 N 65	b. 1 Y 2 N 65
2. Racial background (Q 4a, b, p. 48) (If single entry in 4a, transcribe that entry. If multiple entry in 4a, transcribe entry in 4b.)	2. 1 2 3 4 5 - Specify 66	2. 1 2 3 4 5 - Specify 66	2. 1 2 3 4 5 - Specify 66
3. Family income (Q 12, p. 52)	3. 00 <input type="checkbox"/> A 04 <input type="checkbox"/> E 08 <input type="checkbox"/> I 67, 68 01 <input type="checkbox"/> B 05 <input type="checkbox"/> F 09 <input type="checkbox"/> J 02 <input type="checkbox"/> C 06 <input type="checkbox"/> G 10 <input type="checkbox"/> K 03 <input type="checkbox"/> D 07 <input type="checkbox"/> H		
S6. Final Status	S6 1 <input type="checkbox"/> Complete—Personal visit 2 <input type="checkbox"/> Complete—telephone 3 <input type="checkbox"/> Refused 4 <input type="checkbox"/> Not at home—Repeated calls 5 <input type="checkbox"/> Temporarily absent 8 <input type="checkbox"/> Other - Specify 67	S6 1 <input type="checkbox"/> Complete—Personal visit 2 <input type="checkbox"/> Complete—telephone 3 <input type="checkbox"/> Refused 4 <input type="checkbox"/> Not at home—Repeated calls 5 <input type="checkbox"/> Temporarily absent 8 <input type="checkbox"/> Other - Specify 67	S6 1 <input type="checkbox"/> Complete—Personal visit 2 <input type="checkbox"/> Complete—telephone 3 <input type="checkbox"/> Refused 4 <input type="checkbox"/> Not at home—Repeated calls 5 <input type="checkbox"/> Temporarily absent 8 <input type="checkbox"/> Other - Specify 67